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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: priority theme: review of further implementation of the World Summit for Social Development and the outcome of the twenty-fourth special session of the General Assembly

Statement submitted by the Elizabeth Seton Federation, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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"We commit ourselves to promoting and attaining ... the highest attainable standard of physical and mental health, and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions.... The purpose of these activities is to eradicate poverty, promote full and productive employment and foster social integration." -The Copenhagen Declaration & Programme of Action, Commitment #6

Bearing in mind Article 25 of the Universal Declaration, on the right to medical care; Commitment #6 of the Copenhagen Declaration & Programme of Action of 1995; and the UN Millennium Declaration of 2000 MDG's that specifically target health: #4 Reduce child mortality, #5 Improve maternal health, and #6 Combat HIV/AIDS, malaria and other diseases; and the Secretary General's Report of the Twenty-Fourth special session of the General Assembly entitled "World Summit for Social Development and beyond: achieving social development for all in a globalizing world" (A/55/344),

We know from our international grassroots service provision that poverty is both a cause and a result of poor health, and hinders access to proper medical treatment. Inadequate health education, diagnosis, prevention, treatment, and the necessary resources impact the spread of disease, early mortality, job loss, and social disintegration of the family and nation. Some essential areas that urgently need further global action are the HIV/AIDS pandemic; morbidity and mortality from uncontrolled communicable diseases especially malaria, tuberculosis, and cholera; excessively high infant, child & maternal mortality rates, and the lack of potable water and sanitation as a cause of disease. These areas especially need to be addressed in developing countries, with a priority focus on Sub-Saharan Africa. We therefore provide the following recommendations as a means to poverty eradication through health care and education.

1. **HIV/AIDS:** The pandemic of HIV/AIDS continues to spread exponentially in Africa and at an alarming rate in Asia. More than 6,000 young people (15-24 years of age) become infected each day. In 2002, 800,000 children under 15 years were infected and 600,000 children died of HIV/AIDS. It is projected that 25 million children under 15 years will be orphaned by AIDS in 2010. The targeting of 25 highly affected countries for a 25% reduction rate of HIV infection levels in youth has yielded an infection rate turn-around in Uganda, Zambia, & the United Republic of Tanzania. In areas with

active health education and prevention programs, prevalence in young women fell by up to 60% over 6 years. The Secretary General launched the International Partnership against AIDS in Africa, which includes governments, the private sector, NGOs and the UN. IPAA has created a momentum for resource mobilization and the development of National AIDS Strategic Plans. The rising costs of pharmaceuticals and the limited access to these necessary drugs continues to contribute to the crisis of health throughout the world. According to WHO "by late 2003 less than 7% of people in developing countries in urgent need of antiretroviral drugs were receiving them." Immediate need exists for readily available, affordable drugs to reduce this pandemic.

Recommendations:

-Encourage developed countries to create policies that cause pharmaceutical companies to immediately make safe antiretroviral drugs financially & geographically accessible so that all persons with HIV/AIDS may be treated.

Urge all Member States to work through the IPAA for a coordinated global effort in addressing the HIV/AIDS pandemic.

-Encourage developed countries to provide ODA at the 0.7% level of commitment, and designate that a sufficient proportion of it be given to the HIV/AIDS crisis, so that developing countries will have the necessary resources for prevention & treatment programs.

-Encourage developed and developing countries to be aware that HIV/AIDS and relate [1] policies affect both physical and mental health, and that preventive programs should be created accordingly.

2. **Communicable Diseases -** Almost one-fourth (¼) of countries had a life expectancy under 60 years in 2002 (46 years in Sub-Saharan Africa). Malaria, HIV/AIDS, tuberculosis, and diseases from poor water and sanitation are the main causes in much of the developing world. Moving beyond Copenhagen and the delivering of basic health services, WHO is mobilizing national and international efforts regarding HIV/AIDS, malaria & tuberculosis to provide additional funds; monitor

effectiveness; influence public/private partnerships for research & development on diseases in developing countries; help governments develop sound national drugs policies; and influence the reform and implementation of international agreements on trade as related to essential drugs & technologies.

Recommendations:

-Member States should be urged to not only pledge full support, but immediately provide the necessary funding, policies and programs to carry out the above efforts of WHO.

-Encourage donor and developing countries to give priority to addressing water and sanitation needs, particularly in Sub-Saharan Africa and the Least Developed Countries. Local communities should be equal partners in the planning and implementation.

-Find new ways to promote political will to provide mosquito nets.

3. **Child and Maternal Mortality** - A woman dies every minute of every day in childbirth (more than one-half (½) million per year, generally from hemorrhage, infections, hypertensive disorders, obstructive labor, and unsafe abortions). They leave a million children a year without a mother. These invisible, preventable deaths have reached epidemic levels. Most are due to lack of national policies, choosing the wrong priorities, or the lack of political will. In 2002, forty-eight countries (about ¼ of Member States) had children less than 5 years of age mortality rates of 100 - 284 per thousand live births. Another ¼ had rates of 30 - 99 per thousand live births.

Recommendations:

-Encourage developed and developing countries to address the needs of women and the children in their care to ensure their human rights and well being.

-Encourage developing countries to make Peri-natal Care, in financially and geographically accessible community based primary health centers, a priority.

-Urge the G-8 and Bretton Woods institutions to provide Debt relief now for the LDCs in order to make money available for health services.

-Have UN organizations take the lead in assisting governments to make capacity building a priority, in order to educate local health care providers in preventive, primary, and acute maternal-child health care.

This statement is endorsed and supported by the following non-governmental organizations in consultative status with the Economic and Social Council:

Congregations of St. Joseph
International Association of Schools of Social Work
Sisters of Mercy of the Americas
Society of Catholic Medical Missionaries